



Children's Health Home of Upstate New York
Family Driven Care Management Services

TESTIMONY OF:

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PRESENTED TO THE:

SENATE FINANCE COMMITTEE & ASSEMBLY WAYS AND MEANS

JOINT LEGISLATIVE BUDGET HEARING: HUMAN SERVICES

FEBRUARY 2, 2022

Good afternoon, my name is Nicole Bryl, and I am the CEO of Children’s Health Home of Upstate New York (CHHUNY). I would like to thank Chairpersons Liz Krueger and Helene E. Weinstein and all members of the committees for the opportunity to provide written testimony regarding the Governor’s Executive Budget for State Fiscal Year 2022-2023.

CHHUNY is the largest health home designated to serve children and youth under the age of 21, serving over 13,500 members each month and almost 18,000 unique members annually. CHHUNY provides health home care management services in fifty-five (55) counties in upstate New York through a network of over ninety (90) care management agencies. These agencies are often not-for-profit child-serving organizations; providing an array of mental health, physical health, foster care, and community-based services for the children and families we serve. Our population consists of seriously emotionally disturbed (SED) children, medically fragile children, children with multiple chronic conditions including mental health illnesses, intellectual/developmentally disabled children, children who have experienced complex trauma or adverse childhood experiences, and children with HIV/AIDS.

On behalf of almost 700 Health Home Care Managers (HHCM) and the children and families we serve, we ask for the legislature’s support in ensuring that the Health Home program and this “boots on the ground” workforce is appropriately funded to continue supporting New York State’s most vulnerable children, youth, and families, in their home and communities.

Summary of Recommendations:

- Support workforce investments for all human services by enacting the 5.4% COLA for additional eligible programs including Health Home Serving Children (HHSC).
- Clarify and confirm that Health Home Serving Children Care Managers are included in the workforce bonuses.
- Support the 1% Medicaid Uniform Rate Increase and encourage a more comprehensive rate methodology review for Health Home rates to be sustainable long-term.
- Support the expansion of Medicaid service array to children enrolled in Child Health Plus (CHP) and recommend health home services be included.
- Reform Scope of Practice to meet the treatment needs of the children we serve.

WORKFORCE INVESTMENT

Over the last 5 years, care management services for children have been consolidated under the Health Home model to streamline and simplify the children's system of care. OMH Targeted Case Management transitioned in 2016 and then six (6) waiver programs for children transitioned in 2019. This not only expanded our census but also our diverse, dedicated workforce. Our Care Managers are at the heart of the human services field and are responsible for understanding all the processes, policies, systems, services, and nuances involved when attempting to meet the needs of a child, youth, and their family.

Our Care Managers make an average salary of \$38,000-42,000 annually (depending on location within the state) and are expected to have a deep understanding of all service systems, Medicaid requirements, minor related consent processes and data sharing, social services, crisis interventions, and how to navigate some of the most difficult family situations you can imagine. Our Care Managers experience scenarios you think only exist on the nightly news but are occurring daily. All of this for the same salary you can now make in the retail or food industry. There is no surprise our workforce is leaving the field, even if their heart is dedicated to human services; it just is not worth the low pay, on-call hours, paperwork requirements and stress this position can bring them. With care management at the crux of most major health care initiatives moving forward, including the 1115 concept and value-based payment models, it is vital we invest in this overlooked and underappreciated workforce.

Human Services 5.4% COLA

We believe the intent was to include children’s health home care management services in the Article VII legislation which authorizes the 5.4% human services COLA. The long list of eligible programs and services fails to specify children’s health home care management services, despite identifying “case management; care coordination, including health home plus services and health home services provided by care coordination organizations” as eligible for the COLA.

We ask that the legislature ensure this vital workforce is included in this much needed investment or we will see a mass exodus of our workforce to the other programs that are eligible and providing the same service. Often, the Health Home Care Manager is the only one available to address the needs of the child, youth, and family given the lack of mental health services, home and community-based services, and in-home nursing or respite services available to these families. Not to mention, Health Home Serving Children Care Managers are responsible for assessing and coordinating HCBS under the 1915c Waiver and without Care Managers, we would experience an increased strain on waiver level children being discharged from higher levels of care who need to be assessed and linked to HCBS. This could potentially lead to increased readmission rates for these children and in the worst cases, increases in successful suicide attempts post-discharge for our SED population.

Workforce Bonuses

CHHUNY recommends that Healthcare and Human Services Workforce salary and pipeline enhancements, professional and educational development, and recruitment and retention incentive opportunities proposed in the Executive

Budget proposal be provided across the full human services workforce, including the Health Home Care Managers.

During the COVID-19 pandemic, Health Home Care Management did not “close”, in fact, often the Health Home Care Manager was the only one available to assist these children and youth and families through the struggles and complexities of the pandemic. Whether it was assisting them with technology to get them linked to virtual school, dropping off care packages with masks, soap, and other necessities, attending food drives and delivering boxes of food to the families, or simply listening and providing guidance on how to navigate the difficult times; Care Managers showed up. They did not stop, they did not receive hazard pay, they did not receive any pandemic related funding, and they are burning out. The bonus and additional workforce support for HHSC Care Managers would show they are of value and reduce the turnover rate.

1% MEDICAID UNIFORM RATE INCREASE

CHHHUNY was happy to see that the 1.5% across the board cut will be reinstated and an additional 1% uniform rate increase for Medicaid services will be enacted. We support this increase and ask for a further analysis of the rate methodology used to create Health Home rates in 2011. The target enrollment numbers used to create the rates was grossly overestimated. Since Health Home Serving Children services began in December 2016, we have had annual increases in operational costs to support the program, increased responsibilities with the Children’s Waiver consolidation and HCBS, taken on the dual role of Early Intervention and Health Home Coordinator, annual salary adjustments to

maintain workforce, increased expenses to meet the DOH Security System Protocols (without additional funding like the Adult Health Home and DSRIP programs had), and so much more. The rates need to be reviewed to ensure the proper payment is being received for the level of work being provided so our agencies can pay our Care Managers what they deserve.

EXPANSION OF CHILD HEALTH PLUS (CHP) BENEFITS

CHHUNY supports the reforms proposed to the Child Health Plus program benefit package and relieving some families of their monthly premium. This population has often been forgotten and left to deal with the complexity of the children's system on their own. They aren't quite "poor enough" nor "rich enough" to get the support they need. We urge the legislatures to include Health Home Care Management as a service for all CHP enrollees, regardless of HCBS status, as they will need the support in navigating this complex system of care we have created for our children and youth.

SCOPE OF PRACTICE REFORM

In collaboration with our colleagues at the NYS Children's Behavioral Health Coalition, COFCCA, and others; CHHUNY supports inclusion of A6008-B by Assemblyman Bronson and S5301-A by Senator Brouk in the Enacted Budget. This bill would standardize the requirements for licensure as a mental health practitioner and modernize the scope of practice to include diagnosis.

For decades, the dramatic shortage of licensed mental health practitioners has been artificially filled by an exemption to the scope of practice for certain practitioners licensed under Article 163 of the Education Law. As this exemption sunsets in June 2022, we must rethink the long-term solution, including standardizing the Master level educational, clinical training, and licensing standards for licensed mental health counselors, licensed marriage and family therapists and licensed psychoanalysts and modernizing the scope of practice to allow them to diagnose. Without these changes, Health Home Care Managers will experience greater barriers in getting the documentation and diagnostic information needed to link children to services they desperately need.

We want to commend Governor Hochul for the significant investments in workforce, infrastructure, and safety net services that are necessary to change the trajectory for our most vulnerable children.

Without these investments, services and supports will continue to be extremely limited in availability to almost non-existent for the already underserved population. This budget is a step in the right direction for children and families and with the support of the legislature, we can continue to improve the outcomes of New York's children and families. Thank you for your time today.

